M98000001394

Southos Perez
Requestor's Name

1020 E Lafagelle St. Suite

Tallahasser, P-3230 942-0006
City/State/Zip Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cas	(Corporation Name)	LLC		ΩΩ .	ヹ
	(Corporation Name)	(Document #)		5	
2	(Corporation Name)	(Document #)		24 1	Ë
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Certificate of Status

	NEWFILINGS -
	Profit
	NonProfit
X	Limited Liability
	Domestication
	Other

AMENDMENTS :
Amendment
 Resignation of R.A., Officer/ Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/
X	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Name Availability
Document Examiner
Updater Updater Updater Verifyer
Acknowledgement Acknowledgemen
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Examiner's Initials

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of foreign limited liability company most contained in the name at present.)	7, LLC	rds "limited company" or their a	obreviation "L.C." if not	
2. (Jurisdiction under the law of which foreign lincompany is organized)	3. mited liability	Applied F	¬♡ ✓ pplicable)	· · ·
4. 11-12-98 (Date of Organization)	•	Perpetual  (Duration: Year limited liability exist or "perpetual")		· - -
6. 11-1-99 (Date first transacted business	in Florida. (See sect	ions 608.501, 608.502, and 817.	155, F.S.)	
7. 1020 E. Lafa. Tallahassee, F	Y ETTE 37  = L 3 23  Street address of pri	ol ncinal office)		· ·
V	on our manages or pri	noipur ottroo,		
List name, title, and business address of will manage the foreign limited liability	each managing r company in Flor	nember[MGRM] or manag rida: (attach additional page	er[MGR]who e if necessary)	•
List name, title, and business address of will manage the foreign limited liability  NAME & ADDRESS:	each managing r company in Flor	nember[MGRM] or manag rida: (attach additional page NAME & ADDRESS:	er[MGR]who e if necessary) TITLE:	
will manage the foreign limited liability  NAME & ADDRESS:	company in Flor	rida: (attach additional page	e if necessary)  TITLE:	
will manage the foreign limited liability  NAME & ADDRESS:  フェイト ラッマッド	company in Flor	rida: (attach additional page	e if necessary)  TITLE:	
will manage the foreign limited liability  NAME & ADDRESS:  Jeff Swank  7906 McClure	company in Flor	rida: (attach additional page	TITLE:	
will manage the foreign limited liability  NAME & ADDRESS:  フェイト ラッツッド	company in Flor	rida: (attach additional page	TITLE:	
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NAME & ADDRESS:  Jeff Swank  7906 McClure  Tallahasser, PL	company in Flor	rida: (attach additional page	TITLE: 98 MOV 24	DIVISION DF C
will manage the foreign limited liability  NAME & ADDRESS:  Jeff Swank  7906 McClure  Tallahasser, PL	company in Flor	rida: (attach additional page	TITLE: 98 MOV 24	DIVISION OF CORPOS



A Secretary of State of the State of Louisiana. I do hereby Certify that a copy of the Articles of Organization and Initial Report of CASH COW, F-17, LLC

Domiciled at COVINGTON, LOUISIANA,

Was filed and recorded in this Office on November 12, 1998,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto sel my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 12, 1998

SPR 34706703K Secretary of State



## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
Cash Cow F17, LLC				
2. The name and address of the registered agent and office are:				
Santos Perez (Name)	-			
2000 Old Fort Dr.  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)				
Tallanassee FL 32301 (City/State/Zip)				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 1(-24-98)(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 50,000.
<ol> <li>if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.</li> </ol>	\$
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 50,000.
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ 50,000.

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit